

1. PLACE OF DEATH

(a) County Clay
(b) City or town Holt Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Lloyd Fredrick Pierson

3. (b) If veteran, name war _____ 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced (1)

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Jan 27 1936
(Month) (Day) (Year)

8. AGE: Years 10 Months 1 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Holt Rural Mo
(City, town, or county) (State or foreign country)

10. Usual occupation School boy

11. Industry or business _____

MOTHER, FATHER

12. Name Fred G. Pierson

13. Birthplace Holt Mo
(City, town, or county) (State or foreign country)

14. Maiden name Margaret V. Kinzie

15. Birthplace Clay Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Guid G Pierson

(b) Address Holt Mo

17. (a) Burial (b) Date thereof 3-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antech

18. (a) Signature of funeral director Leonard Fay

(b) Address Kearney Mo.

19. (a) March 2-1946 (b) Minnie Haynes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town Holt Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1
year 46 hour 9 minute A M.

21. I hereby certify that I attended the deceased from _____
Coroner's case, 19 _____

that I last saw h _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to measles

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature D. S. Pate (Coroner)
Address North Kansas City Mo Date signed 3/1/46

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-4-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.